

**Crisis Intervention Team Training
Mental Health Tax Initiative Fund
2014-2015**

Email completed form to Lt. Penelope Sapp at psapp@co.kitsap.wa.us

PERSONNEL COSTS – PARTICIPANTS/BACKFILL[illegible]

By signing this form, I hereby acknowledge that I, declare that the above information is true and correct

Agency Representative & E-mail

Date _____

Crisis Intervention Financial Liaison

Date _____